

<b>Case Number:</b>	CM15-0218799		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/19/1989
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 73 year old female who sustained an industrial injury on 4-19-1989. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar region intervertebral disc degeneration and disc displacement, post-laminectomy syndrome, insomnia due to medical condition and radiculopathy. According to the progress report dated 10-16-2015, the injured worker complained of low back pain radiating down the right leg. She rated her pain as 5 out of 10 with medications and 8 out of 10 without medications, which was the same as the last visit (9-10-2015). She reported that medications were less effective. It was noted that she had been seen in the emergency department due to increasing back pain and was given a prescription for Norco. The physician noted that the injured worker had been without her MS Contin and Percocet for the past month. It was noted that with the medication she was able to walk two miles, go to the gym and enjoy gardening. Without the medication, she had not been walking, exercising or tending to her garden. Objective findings (10-16-2015) revealed a right sided antalgic gait. Lumbar range of motion was restricted. There was tenderness to palpation and spasm of the lumbar paravertebral muscles. Light touch sensation was decreased over the L5 lower extremity dermatome on the right side. Treatment has included lumbar surgery (multiple) and medications. Current medications (10-16-2015) included Colace, Neurontin, Zanaflex, Percocet and MS Contin (all since at least 3-2015). The request for authorization was dated 10-21-2015. The original Utilization Review (UR) (10-29-2015) denied requests for Percocet and MS Contin.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Percocet 7.5/325mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** This claimant was injured about 26 years ago. She had increasing pain, and was seen in the ER. She had been without MS Contin and Percocet for several months, prompting worsening pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. The patient had been off opiates for some time, and rather than restart, it is not clear other options were exhausted. Also, based on the above, the request for the opiate usage is not medically necessary per MTUS guideline review.

**MS Contin 15mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** This claimant was injured about 26 years ago. She had increasing pain, and was seen in the ER. She had been without MS Contin and Percocet for several months, prompting worsening pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The patient had been off opiates for some time, and rather than restart, it is not clear other options were exhausted. The request for the opiate usage is not medically necessary per MTUS guideline review.

